



EXHIBIT "A"

October 03, 2012

Mr. Buff Baker
Public Works Department, City of Lincoln
County-City Building
555 So. 10th Street
Lincoln, NE 68508

RE: Permit to Occupy Public Right-Of-Way
Address: 301 N. 8th Street

Dear Mr. Baker:

On behalf of the Owner, John S. Gould & W. Donald Gould, we are requesting a Permit to occupy the Public Right-Of-Way. The permit is for approximately 1,189 Square Feet of the Public Right-Of-Way for the use of a dock/outdoor seating.

Attached please find the following:

1. Site Plan
2. Dock Elevation Plan
3. Bond
4. Certificate of Liability Insurance

Please contact me if you have any questions or require additional information.

Sincerely,

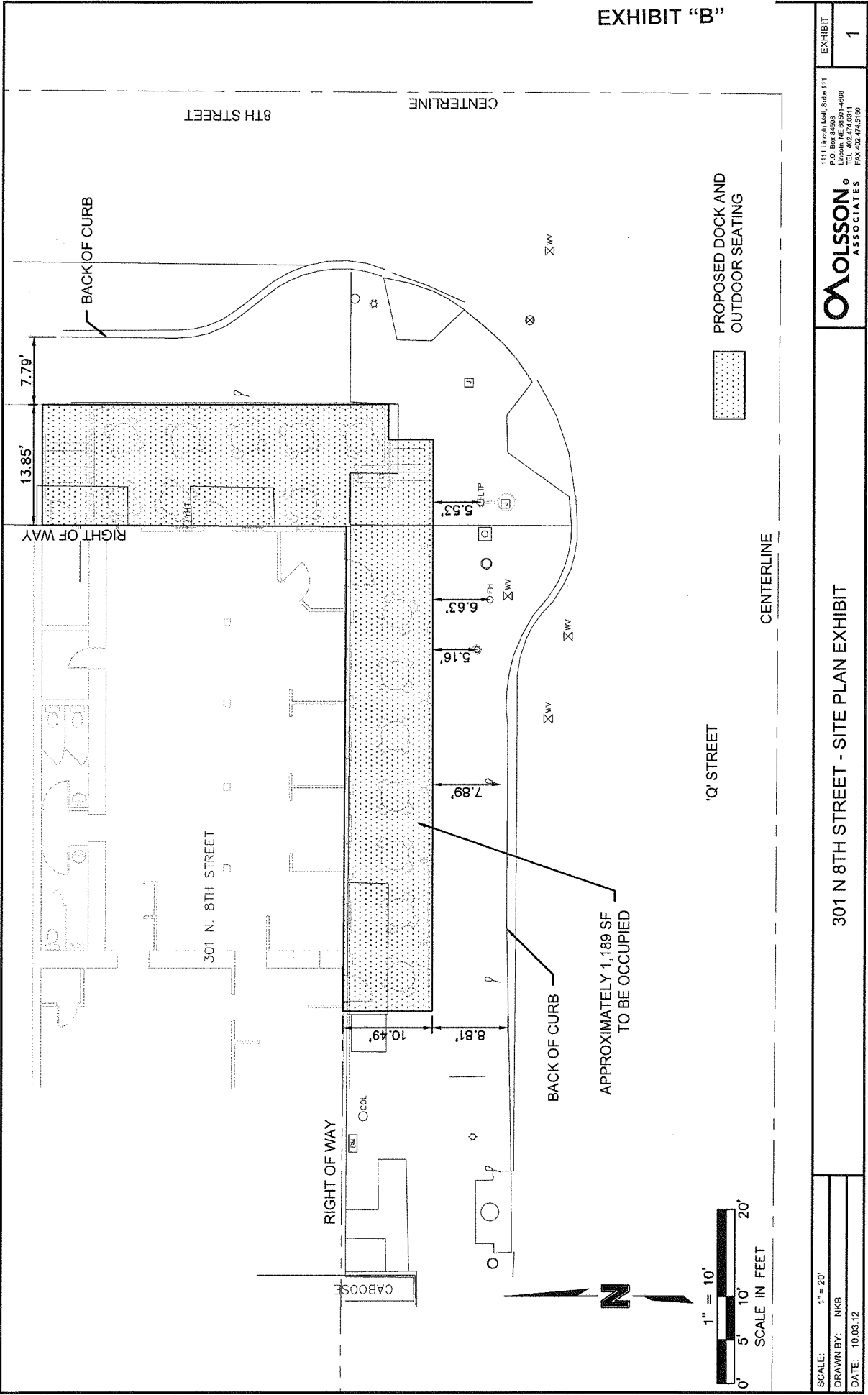
A handwritten signature in dark ink, appearing to read 'N. Buss'.

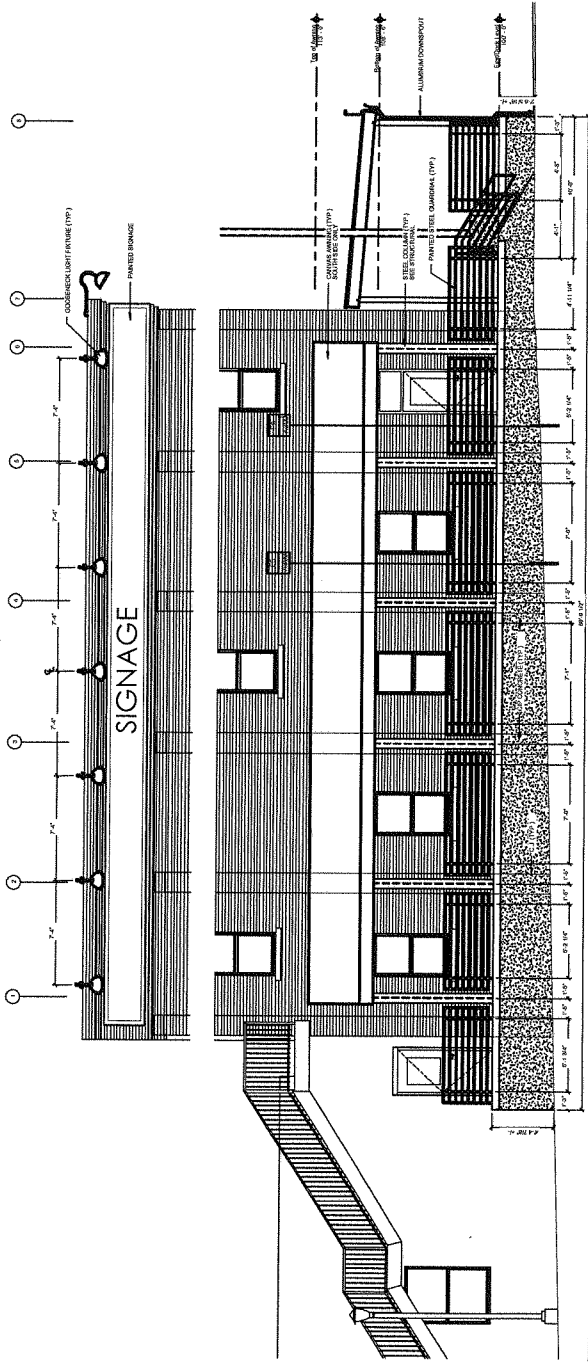
Nathaniel Buss, PE

Enclosures

cc: File

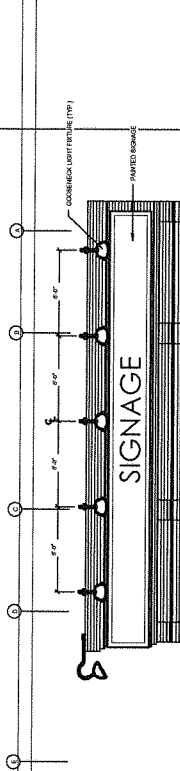
G:\Admin\TEAMS\L\Buss\8th and Q\L-BBaker_10.03.12.doc





G1 SOUTH ELEVATION

SCALE: 1/8" = 1'-0"



A5 EAST ELEVATION

SCALE: 1/8" = 1'-0"

VALPARAISO INSURANCE AGENCY

OAK CREEK VALLEY BANK
Phone: (402) 784-2200
Fax: (402) 784-2041



P.O. BOX 8
VALPARAISO, NEBRASKA 68065

John C. Barry Dennis L. Siedel Julie A. Carnahan	Mark J. Blazek Greg L. Walla Cheryl C. Rieck	Robert J. Schmucker Jamie C. Brummond
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Fax NO.: (402) 784-2041

E-Mail oakcreek@ocvbank.com

FACSIMILE MESSAGE FROM VALPARAISO INSURANCE AGENCY

DATE: August 30, 2012
TO: 402-441-8325
FAX NO.: TERESA J. MEIER - DEPUTY CITY CLERK
FROM: Dennis L. Siedel

PAGES TO FOLLOW: 6

cc: Emailed to Liz Kuhlman

MESSAGE:

Teresa: Per our telephone conversation on 8-29-2012 please find
information concerning Occupier of Public Space bond in force with
Allied and also proof of liability insurance with Iowa Mutual. You would
have both in your office at this time and according to our conversation we will
be amending once we have a Resolution number from City Council for new project.

AGENTS:
ROBERT J. SCHMUCKER
DENNIS L. SIEDEL
MARK J. BLAZEK
GREG L. WALLA
JOHN C. BARRY
JAMIE C. BRUMMOND

ASSISTANTS:
CHERYL C. RIECK
JULIE A. CARNAHAN
ALSO Please keep in mind
that the new resolution
will make A-74029 rescindable

Thanks Dennis Siedel, Agent

PLEASE FORWARD TO PROPER OFFICES SO AVAILABLE
TO COUNCIL WHEN APPLICATION IS PRESENTED.

Confidentiality Warning:

The information contained in this facsimile message is privileged and confidential information intended only for the review and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication or the information contained herein is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address.

Do Not Fax - Opt-Out Notice

The recipient of this fax may request that Valparaiso Insurance Agency not send any further faxes to you. Failure to comply with your request within 30 days is unlawful. Such a request can be e-mailed to us at oakcreek@ocvbank.com. You can also call 402/784-2200 or fax your opt-out request to 402/784-2041. Your notice must identify the telephone (fax) number(s) to which the request relates and the request must be delivered in the manner identified above.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/10/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
NBISCO Agency Services
PO Box 80008

Lincoln NE 68501-0008

INSURED
W Donald and John Gould

PO Box 206
Valparaiso NE 68065

CONTACT NAME: Patricia Jensen

PHONE (A/C No. Ext): (402) 474-8030

FAX (A/C No.): (402) 474-8031

E-MAIL ADDRESS: Patty.jensen@nebankers.org

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Iowa Mutual Insurance Co.

14338

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1271000647

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		A025493MN	7/31/2012	7/31/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPOP AGG \$ 2,000,000
	ANY AUTO					
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS					BODILY INJURY (Per person) \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					
	EXCESS LIAB					EACH OCCURRENCE \$
	DEED					AGGREGATE \$
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below					OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Use of Public Right-Of-Way Permits at 301 N. 8th Street, including the following: 1. A-55151

Reconstruct Dock on

the west side of building, 2. A-55152 Reconstruct dock on the east side of building, 3. A-58040

Reconstruct Doc on N.

8th Street on west side, 4. A-74029 Front Entrance Landing, Handicap ramp, fire escape, and 5. A-77066

Placement of a

caboose to expand restaurant

Dock remodeling and entrance project to be added when resolution number is available.

CERTIFICATE HOLDER

(402) 441-8325

City of Lincoln
Deputy City Clerk - Teresa J. Meier
555 South 10th Street Ste 103
Lincoln, NE 68508

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wendy Williams/WENDY

ACORD 25 (2010/05)

INS025 (201005).01

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Valparaiso Insurance Agency
106 W. 2nd P.O. Box 8
Valparaiso, Nebraska 68065

COMMENTS/REMARKS

Certificate holder is listed as Additional Insured on the General Liability Policy per the attached form CG2013 05-09, Additional Insured-State or Political Subdivision Permits.



Nationwide Mutual Insurance Company
AMCO Insurance Company
Bond Department
1100 Locust Street
Des Moines, Iowa 50391-2006

Bond Transaction Summary

AGENCY **VALPARAISO INSURANCE AGENCY**
ADDRESS **PO BOX 8**
VALPARAISO NE 68065-0008

AGENCY NO. **01304**
AGENCY STATE **26**

BOND NUMBER **BD 79 0 0666591**

PRODUCER CODE **777**

TYPE OF TRANSACTION **RENEWAL**

NAME OF PRINCIPAL OR INSURED **JOHN S. GOULD & W. DONALD GOULD**

ADDRESS **PO BOX 206**
VALPARAISO NE 68065

NAME OF OBLIGEE **CITY OF LINCOLN, C/O CITY CLERK OFFICE**
DESCRIPTION OF BOND **OCCUPIER OF PUBLIC SPACE**

THE BOND IS EFFECTIVE FROM **03/25/12** TO **U/C**
THE BILLING COVERS THE PERIOD FROM **03/25/12** TO **03/25/13** TERM **12**

AMOUNT OF COVERAGE	PREMIUM	COMM. RATE	LINE AND COVERAGE	CLASS CODE	OBLIGEE STATE	COV. LIMIT	STAT PLAN
10,000.00	100.00	.2500	720	7499	NE		A

RENEWAL PROCEDURE

A BILLING ONLY, THE BOND IS CONTINUOUS IN FORM AND REMAINS IN FULL FORCE AND EFFECT UNTIL CANCELLED IN ACCORDANCE WITH TERMS OF THE BOND.

Original Date: **03/25/08**
DIRECT BILLED

File: **Y**
Account Number: **980011721**
BJH ACCOUNTING DATE **12/27/11**

Bond Number: BD 7900666591

BOND OF OCCUPIER OF PUBLIC SPACE

KNOW ALL MEN BY THESE PRESENTS, that we John S. Gould and W. Donald Gould
_____, of Valparaiso, NE, as
Principal, and Nationwide Mutual Insurance Company, a corporation duly licensed to do
business in the State of Nebraska, as Surety, are held and firmly bound unto the City of
Lincoln, Nebraska, in the penal sum of Ten Thousand and No/100 Dollars
(\$ 10,000.00), lawful money of the United States, for which payment well and truly to
be made we bind ourselves and our heirs, executors, administrators, legal representatives,
successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that, whereas, the Principal has made
application to the City of Lincoln for permission to occupy space underneath, upon, or above
public property at or adjacent to the following described location in the City of Lincoln,
Lancaster County, Nebraska, to-wit: See Attached

NOW, THEREFORE, if the Principal and his heirs, successors, or assigns shall faithfully
perform and in all things strictly comply with all conditions which now are or which may
hereafter be required by Section 14.54.040 of the Lincoln Municipal Code to be contained in
the surety bond specified by said section, which conditions are hereby incorporated by
reference and made to apply to the above-described occupation of space, then this obligation
shall be void, otherwise to remain in full force and effect until terminated as hereinafter
provided.

THIS BOND MAY BE TERMINATED at any time by the Surety upon sending notice in
writing, by certified mail, to the City Clerk of said City and to the Principal, addressed to them
at City of Lincoln, County-City Building, City Clerk's Office, 555 South 10th Street, Lincoln,
Nebraska, 68508, and at the expiration of thirty (30) days from the receipt of said notice, this
bond shall ipso facto terminate and the Surety shall thereupon be released from any liability for
any acts or omissions of the Principal subsequent to said date.

DATED THIS 25th day of March, 2008.

Principal

Approved as to Form:

(Show Legal Capacity)

Nationwide Mutual Insurance Company

Surety

City Attorney

By: _____
Amy J. Palmer Attorney-in-Fact

(Accompany this bond with Attorney-in-Fact's authority from Surety, certified to include the date of the bond.)

Resolution # A-74029 -- approved 03/04/91 -- Front Entrance Landing; Handicap Ramp,
Fire Escape

Resolution # A-77066 -- approved 11/13/95 -- Placement of Canopse to Expand
Restaurant

AGENT COPY

Resolution #A-74029 WILL BE RESCINDED AND REPLACED BY NEW RESOLUTION
WHEN AVAILABLE.

Dennis L. Siedel, Agent

Original of this bond should be on file with Clerk's office.